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DR. PAINE'S REPLY TO H. I. B.—No. III.

The most important objects of Dr. B., as investigated in my last number (imputing misrepresentation to me, and placing the 900 cases on an equality), pervade his attack. Both are fundamental points, and are urged to show a general defect in my conclusions from their neglect of a primary element of my author's work. The reader is also thus diverted from the main object of my Essay, which is to show the pathological and therapeutical doctrines of my author, the amount and nature of the anatomical investigations, and how far these investigations were made the foundation of important pathological inductions. With these last I was especially concerned, and it was my object to prove that these were mainly founded upon the anatomical results of 133 dissections, of which 50 were cases of the typhoid affection. There were, however, certain cutaneous phenomena, meteorism, and all that related to fixing the typhoid disease at its incipient stage upon Peyer's glands, which involved the 88 cases of the disease that terminated in health. And, as those phenomena gave rise, respectively, to important generalizations, it was all carefully stated in my Essay. To appropriate these last generalizations to the typhoid affection, it was necessary to compare the cases with the vital phenomena of other diseases; and the residue of the 900 cases forms the ground of that comparison. This is the *full extent* of the importance they can possess under any circumstances; nor have the therapeutical conclusions the most remote relation to them.

But, Dr. B.'s perversion even exhibits me as having perpetrated the absurdity of supposing that M. Louis, whom I represent as having passed much of his life in hospitals and the dead-house, did not possess the means of comparing his 138 cases of typhoid fever with other diseases, and that I had not specifically admitted the fact. Nevertheless, I objected to the assumption of a greater number than the 138 and 83 cases, partly upon the ground of M. Louis's violent rejection of cases by others which are not accompanied by more substantial proof than his own, but mostly because I have shown that his pathological inductions, with the foregoing exceptions, are founded upon "the debris of the body." I have expressed no doubt of the vast extent of M. Louis's observation, especially at that time, in hospital practice. It would have been absurd to have questioned a fact so notorious. And though the great experience of my author required no admission to that effect from me, I regarded the results of that experience as exhibited in

his works. I attempted to show, therefore, that he was not an observer of nature, but of the ruins of nature, and that his pathological doctrines are founded mainly upon the latter. I did not think this the *sort of nature* which, alone, makes a good book of "laws" and generalizations in pathology. I fully admitted my author's detail of vital phenomena, but I also endeavored to show that they were not rendered practical elements in his pathological data. A primary object of this, was to supply a practical demonstration of the validity of what I have said in my Essay on the "Comparative Merits of the Hippocratic and Anatomical Schools" as to the errors of the *exclusively* anatomical. I was concerned about his *book*, its doctrines and their ostensible ground; and my objection to any of his cases was not predicated of any real distrust that he had put forth what was not in itself substantial, but of his own requisitions and habits in relation to others. This I stated, that it might pass for what it was worth.

It being, then, my duty to give a fair representation of my author's work as it is, I laid out my ground, plainly, fairly, and fully; and, in so doing, I allowed the whole extent of any experience which it might be supposed that M. Louis had employed; though fidelity to my task compelled me to place the true basis of my author's generalizations in pathology and therapeutics in its proper light. At the opening of my Essay, I state that, "our author has occupied the proud elevation of presiding over the modern anatomical school; and it becomes, therefore, a matter of deep interest to inquire, through his remarkable labors, into the *practical* results of morbid anatomy, and how far it may have advanced, or retarded, the progress of medicine. The present Essay, therefore, may be considered *so far* a continuation of the last,"—or the Essay on the Hippocratic and Anatomical Schools. It became me to show that his generalizations in pathology were founded upon the debris of 133 subjects, the greatest amount that is stated by my author. This I have done, and most extensively, in his own words. And, although an analysis of only 54 cadavers is given, I allowed the whole that was claimed, and even all the subjects (88) that recovered of typhus fever, but whose cases, also, are not analyzed according to M. Louis's principles. Doubtless they had been; "but he should have given us the proof." This is his doctrine with past observers. To all the foregoing, however, I made no objection, as they entered, unlike the residue, into my author's most important conclusions,—especially the 83 dissections in divers maladies. But, did I not do more than this,—aye, even more than allow the 900 cases, with the qualifications I have mentioned? Did I not finally release M. Louis from the restraint to which he was subjected by a fundamental rule of the "numerical method," and to the observance of which he had laid himself under a deep obligation?

But, I must speak by the book; for doubtless my critic would otherwise deny that there is a word upon the subject beyond what he has presented in the mutilated extract; whilst, also, in so doing I shall protect his veracity. I will take for an example a statement which appears at the very opening of the Essay. After saying "it would be *unimportant* whether our author was the *acting* attendant, since he makes the

cases entirely his own, erects generalizations upon them, and defends the whole treatment," I go on immediately thus :—

"And here it is important to bear in mind, that all our author's conclusions as to this affection were founded upon '138 observations of typhus fever, 50 of which were relative to individuals who died of it;' and, that he 'compared' this exact number of 50 cases 'with the alterations found as consequences of other acute diseases, in 83 subjects whose histories I learned.' Upon these cases, and *the lesions observed in other diseases*, our author founds those conclusions which will appear in the sequel."—(P. 685.)

Here, then, by the words "*lesions observed in other diseases*," as well as by the statement of 138 cases, Dr. B. is farther rebuked, and truth avenged. And then I went on thus :—"In the mean time, let us observe, also, in relation to the Typhoid Affection, that it is stated by our author, that—

"'In these analyses I have not made use of any records of disease which did not appear to me to be sufficiently exact, and whenever I have made deductions from those which were exact, I always kept in mind the thought of the author of Emile. 'I know that truth lies in the facts, and not in the mind that judges of them, and that the less I introduce what is merely my own into the deductions I make from them, the more certain I shall be of approaching the truth.'"

Thus, my reader had before him my author's premises and intentions; and, what I believe is not often practised, I sought for them in the "Advertisement," where alone they are announced. I have also given him, everywhere, the advantage of stating, in his own language, his various objects, all his "rigorous conclusions," "laws," &c., and all their contradictions; and it is this fairness, beyond doubt, which has most annoyed my critic. Next to that is the proof which goes to show the foundation of my author's pathological generalizations upon morbid anatomy. This was the fundamental purpose of my Essay, and without it, it could have had no existence. And next to that, Dr. B. is discontented with my demonstration, that all my author's particularities about symptoms, and all his cases beyond those of mere morbid anatomy, do not enter into his important generalizations in pathology. They are a mere show of words, and it was a special object with me to prove them such. My readers will find the proof by turning to the Essay itself.

But, let us have an example of my manner of objecting to a greater proportion of the 900 cases. After stating for the second time, the premises which relate specifically to the typhoid affection, I went on thus :—"Although the inductions are avowedly founded upon the foregoing number of cases, we are disposed to allow *any latitude of observation* which it may be supposed our author can have made. Nevertheless, it would be more correct to apply to our author the rule by which he restricts all others, and of which the following is one of the numerous instances of its derogatory insinuations :—

"'Corvisart does not state *how he proves* the truth of the assertion which he *tries to explain*. The reader may seek for the proof in his work, but where will the proof be found? It may be answered to this,

that Corvisart had not observed those cases merely, *the histories of which he has published*, but that *his assertions* rest upon a *much larger number*. But, even in this case, Corvisart should have counted, and if he had done so, he would have stated the fact, since the question was simply one of number.' "—(P. 693.)

Here, too, it is evident, that the statement of the number alone would have only protected Corvisart against an impeachment of his veracity; since my author would have rejected, as is implied by the extract, and according to his well-known rule, so little observed in his treatise on Bloodletting as well as on the Typhoid Fever, all the cases that did not bear the "*proof*" of a critical analysis. In this respect he is imitated by our translator, who says he is "unwilling to take the assertion of any man"!—(P. 75.) This remark terminates the paragraph in which it is said that "Dr. Paine kindly consents to take Dr. Hale's assertion for the truth of the results of 197 cases,"—my true remark being intended to discourage this want of professional confidence. I was speaking, in a note, of Dr. Hale's objections to Perry's 4000 cases of typhus fever, in which he made 300 anatomical inspections. Now what does Dr. Hale do in this instance? Certainly, what I have not done in relation to M. Louis, as has been just seen by an extract from my Essay. Perry does all that Dr. Bowditch would require of M. Louis. That is, he states the number of his cases, 4000, and the dissections, 300, and gives us the result. These, too, were cases of typhus fever, whilst those which M. Louis announces in a round number were made up of various diseases.

Nor can I permit my objector to represent me as trifling with Dr. Hale. I must, therefore, bring the misrepresented statement before the reader. These are my words:—"It is objected (by Dr. Hale) that the '*particulars* of Perry's 4000 cases, and 300 inspections, are not given so as to enable us to judge how far he might be influenced in his observations by theoretical views, or with what degree of care and thoroughness his observations were made.' We would not have objected to this from M. Louis, but, whilst Dr. Hale gives us an analysis of only four of his 197 cases, we confide most implicitly in his general statement as to the remaining 193."—(P. 690.) Now Dr. Hale is justly esteemed an ornament of the medical profession. He inclines to the numerical school, so far as figures and analytical proof are concerned. He rejects Perry's 4000 cases and 300 dissections, because "the *particulars* are not given," &c. We might well, therefore, take his authority as to whether a greater part of M. Louis's 900 cases are entitled, upon the principles of the school, to any greater consideration,—and this more especially as M. Louis had in contemplation a multitude of "*theoretical views*."

And, what says Dr. Bowditch, who is "unwilling to take the assertion of any man"? "The numeralists," he says, "*must have an analysis of facts recorded as they actually occurred*, and *at the time of their occurrence*, or they will not be satisfied."—(P. 76. *My Italics.*) This lets us into one of the motives for the new translation of the long paragraph, which was examined in my second number; and, doubtless,

my reader has anticipated me in another, which I shall, however, now indicate. The surreptitious translation is a clear proof that Dr. Bowditch does not consider any of the cases beyond the 138 of the typhoid affection entitled to the consideration which he professes should be ascribed to them; otherwise he would have never fabricated so many words that are expressly intended to give the residue an equal importance, according to the new method. The fabrications, therefore, which are introduced into the new translation of the fundamental statement, completely divest all but a few of the 900 cases of any authority; according, also, to my translator's object and avowed doctrine. And that Dr. B. truly believes with me that the pathological and therapeutical inductions of M. Louis are founded upon the 138 cases of typhoid fever, appears from a declaration which he subsequently makes, and by which he restricts the whole anatomical premises to the 50 fatal cases of that disease. Thus:—"But, at present, we must conclude, both from Chomel's and Louis's researches (82 fatal cases collected during a space of 12 years by two eminent men), that the anatomical characteristics of typhus in Paris are as have been described."—(P. 90.) *Fifty* of these 82 cases go to form the substantial part of M. Louis's pathological inductions as to the typhoid affection.

I am now prepared to affirm, what I did not in my Essay, that the inductions of M. Louis, pathological and therapeutical, in his work on the Typhoid Affection, are virtually founded on 138 cases of that disease, and upon no other, except in a negative sense which relates to an experience of which we have not a "proof" in conformity with the doctrine of the author.

Having now unravelled a snarl which it was evidently supposed must remain untouched, from the extent of explanation which would be necessary; having made out fully all my specifications, and the ends of justice being substantially answered, truth avenged, and my critic disarmed, it may be thought that generosity should arrest my pen. It faulters, indeed, as the illusion escapes; and here should it pause, but that the fabrication, whose analysis I began in my second number, is made the substratum of most of the misrepresentations which compose the details of my critic's article. There is nowhere any attempt to controvert, with the usual honesty of reviewers, my facts and my arguments; but it is one unbroken series of defamatory charges, and ribald derision of my work. My adversary, therefore, lacking so fundamentally, and being destitute of the redeeming, though pretended, virtue of shielding another's fame, it has appeared to me that the whole force of his assault should recoil upon himself.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Allow me to present to your readers the following article from Wm. Clay Wallace, M.D., of New York. Dr. Wallace is well known to the profession from his scientific and minute investigations of the anatomy of the eye, and likewise for his skill in the treatment of the

diseases of that organ. To him we are indebted for an ingenious method of ascertaining the consistence of the *lens* in cases of cataract. It consists in "sounding the lens," by passing into it, through the cornea, a fine sewing needle. The degree of resistance with which the needle meets when coming in contact with the lens, will indicate, to a practised hand, the amount of hardness of that body; and the absence of any resistance, will of course show that the lens is sufficiently soft to allow of the operation by *solution*. In the former case, Dr. W. prefers *extraction* to *depression;* in the latter, without withdrawing the needle above mentioned, he lacerates the capsule so that the aqueous humor has free access to the lens and gradually effects its solution. By this method there is less liability to the occurrence of inflammation of the eyeball; less danger of producing dislocation of the lens, with its consequent results of iritis and closure of the pupil; and apparently an equal certainty and facility of effecting that important point in the operation for soft cataract, viz., the laceration of the capsule. No perceptible opacity of the cornea will generally ensue from the passage of so fine an instrument as the needle referred to. It will, however, be necessary to repeat the operation, in some cases, before the desired result is obtained, but this is an objection which perhaps applies with equal force to the *posterior* operation for cataract.

Yours, with respect,

E. J. Davenport.

NEW THEORY OF VISION.

BY DR. WALLACE, OCULIST, NEW YORK.

From the experiments of Morichini, of Rome, and Mrs. Somerville, of London, we learn that violet and green light possess the property of rendering steel magnetic, while no effect is produced by yellow or red. If we consider the former colors positive and the latter negative, and if, as Sir John Herschel supposes, there are a number of minute fibres placed at right angles to the coarser fibres of the retina, as the pile of velvet rises from the coarser texture of the woven silk—an opinion which he expressed not long ago in a letter to me—we may easily conceive that the impressions on the retina may be conveyed through the bundles of the optic nerve to the sensorium, on the principle of the electro-magnetic telegraph.

This theory derives plausibility from the fact, that the spectrum, which remains after looking at a bright object, is always of an opposite color; and from some ingenious experiments made by Mr. Newberry, a scientific teacher of drawing, in this city. When light is admitted through blue glass and received upon a sheet of white paper, the shadow of the object held before the paper is yellow. When it is admitted through yellow glass the shadow is blue; when the glass is red the shadow is green; and when green the shadow is red. The shadows of a landscape have a purple hue during a summer's sunset when the sky is yellow.

The brain itself is an electro-magnetic instrument, consisting of a brown and a white plate convoluted in such a manner that with a great

extent of surface they are packed in a very narrow compass. From the white plate proceed numerous conductors twisted round the base, not at all dissimilar to the arrangement of one of Henry's magnets. See Tiedemann's and Spurzheim's plates.

As motion can be effected by transmitting galvanic currents along the nerves which proceed from the brain, there is reason to believe that sensation is produced by similar currents passing to the brain, and that these currents are always changing with the nature of the impression. If the minute fibres of the retina are made positive by blue light, a positive effect will be immediately made at their termination in the brain. If yellow light be then presented, the fibres being negatively affected will assume a different position and thus alter their terminations. All the other colors may produce similar effects, and may be conveyed by their own peculiar fibre contained in the bundles of which the nerve is composed.

FRACTURE OF THE BONES OF THE LEG.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—If in your opinion the following case, with the treatment adopted, possesses sufficient interest for insertion in your valuable Journal, you are at liberty to make such use of it.

On the 3d of June, 1839, I was called to visit A. B., who had fractured the tibia and fibula of the left leg, just below the middle. He was about forty years old, and had for several years indulged in intemperate habits. The fracture of the tibia was about two inches in length, extending from the inner side obliquely downward, towards the fibula. The fracture was compound, and there were two large perforations in the integuments, and the two sides of the bone opposite to the fractured surfaces were *brought in contact*. In this condition, the inner side of one portion of the bone was lapped nearly two inches upon the fibular side of the other portion, necessarily detaching, to a great extent, the surrounding integuments, from the bone.

The *habits* of the patient, the *condition* of the fracture, and the *extent* of the injury, were such, that, at the first view, amputation seemed to be the only alternative; but upon reflection I decided upon an attempt to save the limb, and without very great difficulty the bones were replaced, and the common dressings applied. The patient was comfortable about eight days, when he was attacked with violent *delirium tremens*. Previous to the injury he had for a few days abstained from the use of alcoholic drinks; and from his symptoms, in connection with this fact, I considered his delirium as that form which requires the use of *stimulants* and *narcotics*; and by their free use, sleep and a temporary suspension of the disease were produced. Without the employment of these agents, occasional paroxysms of delirium would occur, and when under their influence, unless constantly watched by a vigilant nurse, he would untie the tapes with which the dressings were confined, remove them, and leave the limb in a loose and unprotected state. From fre-

quent interruptions of this kind, the fractured surfaces remained ununited on the second of July, and the limb was as flexible as at any previous time. Under these circumstances, it became highly important, for the safety of the limb, that some apparatus should be applied over which the patient could have no control: and notwithstanding there was a slight purulent discharge, I considered the *immovable apparatus* better adapted to the case than any other dressing. A roller was applied to the limb from the toes to the knee, and covered with starch. The roller was again applied in the same manner, and saturated with starch. Several strips of pasteboard, which had been previously moistened with starch, were then placed over the bandage. The roller was put on again from the knee to the toes, and from the toes to the knee, being thoroughly covered with starch at each turn. The dressing was completed by the application of two light, wooden splints, for the purpose of giving support to the limb until the bandages should become perfectly dry.

July 12th.* A circular portion of the bandage was cut out for the purpose of removing the purulent matter which had accumulated around the denuded portion of the bone.

July 20th. A part of the bandage was removed, leaving a narrow portion upon the back of the limb, from the knee to the foot; the injured part of the limb was thoroughly cleansed, and the starched apparatus re-applied.

July 27th. The dressings were entirely removed, when the limb was found to possess so much firmness as to require no other support than the roller. The limb is now perfectly sound, and *without any deformity*.

Wethersfield, Ct., Oct. 28, 1840. ARCHIBALD WELCH.

MR. STAFFORD ON DISEASES OF THE PROSTATE GLAND.

MR. STAFFORD has long been favorably known to his professional brethren for the skill which he has displayed in overcoming, by artificial contrivances, some of the diseases of the urinary organs; and although we may not be inclined to fall into some of his views, or adopt all his plans of treatment, we cannot refuse our tribute of praise to his zealous exertions. In the short essay before us, he has confined his remarks to chronic enlargement of the prostate gland, and particularly of its third lobe, and we shall best serve our purpose by presenting our readers with an account of the *new* mode of management which the author has adopted, and for the most part in his own words. After a description of the usual symptoms, and observing that it is in the early and middle stages of the disease that most benefit is to be derived, he proceeds:

"The methods I have employed for the treatment of an enlargement of the third lobe of the prostate gland are, the application of certain substances upon it; puncturing the part with a particular instrument I have invented, and perforating it with the urethral perforator, according, in all cases, to the extent of its increase of size. If the third lobe has

* From my notes of the case I find there was considerable firmness of the bone on the 18th.

only partially enlarged, I have then employed remedies, such as iodine, the iodide of potassium, belladonna, &c., locally, always in a diluted form, and combined or uncombined with other substances as the urgency of the case might require. If it be so large that it will not yield to the application of these substances, I have in some instances punctured it with advantage, and when its volume has been so great as to block up the neck of the bladder and cause retention of urine, I have then been under the necessity of perforating it."—(P. 16.)

After remarking that it was the effect of iodine over glandular swellings which led him to think of its employment in enlargement of the prostate, he proceeds:

"I felt it easy to make it to be absorbed through the substance of the prostate gland, by using it in suppositories passed up the rectum, but the difficulty was to apply it on the third lobe without touching any other part of the urethra. I made several attempts to accomplish this; first, through a tube, then in a groove at the end of a solid instrument, then by the method by which caustic is applied to a stricture, according to Ducamp's plan, and others; but none of these answered. I at length thought of a very simple mode of applying it, which is by charging a bougie at its point with the *iodine, iodide of potassium*, or any other substance you may wish, and then dipping it into melted tallow so that a coating may be formed upon it. By such method I have been enabled to introduce any application I might desire up to the prostate gland, without touching the surface of any other part of the urethra. The bougie having reached the desired spot, its point is allowed to rest upon the diseased part, when the tallow gradually melts and brings the iodine or iodide of potassium into contact with it, and by drawing the bougie gently backwards and forwards the necessary friction is produced. I have found it advisable to be very cautious as to the strength of the application, for the prostate gland will not bear a strong preparation either of the iodine or iodide of potassium at first. It is usually in an irritable or inflamed state; consequently, even the mechanical pressure of the bougie will give pain. The preparations I have used therefore have been very mild. At first I have found it necessary to employ even anodynes, such as belladonna, opium, hyoscyamus, &c., to quiet irritation and pain. When these have subsided, I have begun carefully by introducing the iodide of potassium in the proportion of *one grain to the drachm of unguentum cetacei*, and increasing it as the patient could bear it. I have then gone on with two, three, four, five, and even as far as *ten* grains, or a *scruple* to the drachm, according as the case required it. After this I have added iodine to it; half a grain, one, two, three, four, or even more grains in the same manner. The surgeon who applies it can alone judge of its effects."—(P. 19.)

The above extract contains the whole of Mr. Stafford's observations respecting the use and application of iodine in the earlier stages of enlarged prostate gland. They are followed by a detail of cases illustrating still farther the efficacy of this plan of treatment. These cases are also valuable in proving, what we have long known to be true, that enlargement of the prostate is not a change incidental merely to old age,

but is met with at all periods of life as a consequence of stricture, gonorrhœa, or other affections of the urinary organs. We do not deny, be it understood, that enlargement is not a common sequel of old age; but we mean to affirm that it is, contrary to general supposition, likewise frequent in young subjects. This is a point of very great consequence to be understood, for we have often been able to mitigate symptoms where, from the age of the individual, stricture alone had been suspected, and, from no such impediment having been found or removed, the case had been abandoned as incurable. We would wish it then to be more universally known that disease of the prostate gland prevails at all periods.

In the *second* place, and without any preliminary explanation, the author details two cases wherein he punctured the enlarged lobe. When the gland is "so large that it will not yield to the application of these substances (iodine, &c.), I have in some instances punctured it with advantage." We have no experience of such a proceeding, but Mr. Stafford has performed it several times. When the third lobe forms an obstinate valvular obstruction about the neck of the bladder, repeatedly puncturing its substance would seem to have the effect of dissipating the swelling. When the gland is thus punctured, a mucous fluid generally makes its escape, but no hemorrhage or other unpleasant symptoms follow the operation. "Experience alone can show its ultimate utility; but from mere reasoning, the puncturing of an enlarged and hardened part, with the view of reducing it, appears rational, and facts even, as far as they go, lead us to such a conclusion." Whether this theory is sound or not we will not stay to determine; we shall only observe that the prostate gland, when not in a highly inflamed or irritable state, may be freely dealt with, and that many surgeons err in their treatment of some cases of retention of urine, from not being sufficiently aware of this circumstance.

In the *third* and last place, the author relates three cases where he perforated the middle lobe of the prostate gland. When the swelling is so great that the neck of the bladder is completely blocked up, and no catheter can be passed onwards into the interior, the patient must be relieved at all hazards, else the bladder will slough or urinary coma will succeed. Under these circumstances, the surgeon is reduced to the alternative of either puncturing the distended organ, or carrying an instrument through the seat of obstruction.

We may here remark that, in the whole course of our own experience, we have not met with one single instance where it was necessary to puncture the bladder on account of disease of the prostate; and we do hope, for the credit of British surgery, that operations in such cases are now done away with. We repeat that puncturing the bladder is unnecessary, and therefore unjustifiable, in enlargement merely of the glandular organ. There is not, or cannot be, an instance where the obstruction may not be overcome by milder and far less dangerous measures. When the lateral portions of the prostate are enlarged, the swelling, although great, is never such as to prevent a catheter of sufficient length and flexibility from entering the bladder. It is when along with this the

third lobe is so increased in size as to form a direct mechanical obstruction at the commencement of the urethra, that the case assumes a very formidable aspect. Even here the want of success is chiefly attributable to the want of tact on the part of the operator, and especially to the use of an inflexible instrument which cannot accommodate itself to the state of the passage, and is with the utmost difficulty guided onwards by the finger in the rectum. By the use of a small elastic catheter without a stilette, we have succeeded in relieving retention of urine under the most urgent circumstances. We should say, as a general rule, that the greater the swelling, the less chance there is of passing a stiff, curved instrument. If, after the trial of all ordinary expedients, the bladder still remains unrelieved, then the best and safest plan is unquestionably to perforate the obstruction. Our readers, we presume, are aware that this plan did not originate with Mr. Stafford, but has been known and acted on for several years back. The perforation is easily accomplished, and is never followed by disagreeable effects.—*British and Foreign Medical Review.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 11, 1840.

OPERATION FOR STRABISMUS.

By frequent notices, it will be seen that the novel operation of dividing the straight muscles of the eye to restore a parallelism of the organs, is becoming one of the most common and successful of any brought under the care of the surgeon. It is apparently so very simple, we fear that incompetent persons will by-and-by bring it into disrepute. After having once witnessed the process, it seems by no means necessary that the operator should understand even the anatomy of the orbit, it is so purely a mechanical matter—and this constitutes the danger.

If we were disposed particularly to find fault with any of the details of the present mode of operating in these cases, in this part of the world, we should fix upon the *double hook*, and say, what we fully believe to be the fact, that it is an unnecessary instrument, and actually causes about all the pain and inflammation that subsequently ensue. Should it hereafter be deemed indispensable to retain it, however, cannot the points be inserted into the conjunctiva simply, and not be forced into the sclerotica? We have seen the hook applied, withdrawn, and re-applied, two or three times—the punctures bleeding, and thus laying the certain foundation for a diffused inflammation of the side of the globe subjected to such violence. Those dull, heavy pains described as being felt in the back of the eye several days after the division of the muscle, probably have their origin in this cause. Again—it is just as convenient to divide the conjunctiva and muscle, all at once, as to first transfix the eye with a speculum, then insert the hook, nip up the membrane, make an incision through it, and then thrust in a blunt hook to gather up the fibres of the muscle.

In last week's Journal a quotation was given to show that the most ex-

pert surgeons have now reduced the operation to three movements. The less injury there is done to the external apparatus and investing tunics of the eye, the more speedy is the restoration. When the eye does not instantly assume the position proposed by cutting the muscle, it either depends upon the violence unnecessarily inflicted on the tissues, or an imperfect division of all the fibres of the muscle. We invite reports of cases, with all the minutiæ, as being of immense importance to the profession and the community.

Artificial Breast.—Dr. Winship, of Roxbury, is the inventor of an ingeniously devised lacteal, to be used instead of the common, or indeed any known kind of nursing bottle. It is a glass bottle, in shape of the human breast, so admirably contrived with a concavity on one side, that the mother can wear it, and have it kept in place by her dress—and at this artificial fountain, the child may be nursed in the usual position. It is hardly worth while to attempt a particular description of all its parts: suffice it to remark, that it recommends itself at sight. Messrs. Lewis, Nos. 27 and 28 South Market street, are the agents. The retail price being only 75 cts. a-piece, no mother requiring artificial assistance should be without one. We recommend the instrument to the examination of physicians, who are frequently called upon in relation to selecting this kind of auxiliaries to lactation.

New Method of curing Diseases.—On Saturday, Oct. 19th, the first meeting for the session, of the Westminster Medical Society, was held—Dr. Choune, the president, in the chair. A principal part of the evening was occupied in making nominations of officers and committees for the ensuing year. Dr. James Johnson introduced a conversation upon the cold water system, now getting into favor in Germany and other parts of the Continent, for curing various diseases, and even pneumonia. The patients drink largely of cold water, and this is often alternated with immersion in cold water when the body is in a profuse perspiration. Mr. Winslow gave an instance of some water drinkers who drank no less than from five to six gallons daily; and he further stated that in Vienna, a magnificent set of baths had been constructed expressly to accommodate the growing sect of water drinkers.

As the water drinkers are beginning to appear in England, they may soon be looked for in the United States, there always being individuals enough among us to copy the absurdities of the old world as fast as they are developed. Some of those who visit the celebrated springs at Saratoga and Virginia, are not far behind the German liquidists in point of aqua-mania.

Solitary Vice.—This is the title of a little pamphlet by Mrs. M. S. Gove, addressed to parents. It seems impossible that the vice she describes is so predominant amongst females. We know not what to say upon the subject—never having imagined such moral or physical impurity. But she is a woman herself, and therefore presumed to be correctly informed. If Mrs. Gove has more facts, she is bound to give them to the profession. To correct such an evil it is necessary to be armed with the whole truth. It is charitable to suppose the persons referred to as illus-

trations of the gross wickedness she endeavors to overcome, were insane, and therefore the fit inmates of a mad-house.

"*Native Physician.*"—A monthly periodical with this title, which is devoted to *exposing the errors of popular practice*, is circulating, by way of experiment, edited by John C. Kelly, M.D., professor, &c. A better remedy for quackery could not be devised—for being the essence of stupidity, it must necessarily exhibit the shallow pretensions of those who are continually crying out for medical reform. The only reform required, is the enlightening influence of common sense on the benighted minds of American quacks and their dupes.

Annual Catalogues.—These acceptable documents, by which the statistics of the profession are ascertained, begin to come in from those schools where the lectures have closed. Several of the country colleges have found it for their advantage to commence in August, which brings the term to a close about the first of November. In the Berkshire catalogue, the total number of students was 74. As the term also closed at Dartmouth College a few days since, a catalogue may also be expected from that quarter. We understand there was a good class there, about twelve of whom were graduates.

Croton Oil.—At the late meeting of the British Association for the Advancement of Science, Dr. Newbigging, of Edinburgh, read a communication on the therapeutic effects of castor oil in certain nervous disorders, in which he was desirous of showing that, independent of its well-known purgative property, the Croton oil possessed specific influence in epilepsy; and in the various forms of neuralgia, as in tic douloureux, sciatica, &c. He was induced to form this opinion, in consequence of his experience of the treatment of such complaints in his practice at the New Town Dispensary of Edinburgh, as well as in private practice. The author detailed some of the cases, more particularly of epilepsy, in which he had produced entire relief from that very grievous complaint, and mentioned especially one instance of a cure having been effected after the disease had existed upwards of twelve years. Dr. N. stated that he had remarked very decided benefit from this remedy in laryngismus stridulus, or crowing disease.

Sir Charles Bell expressed an opinion, in the conversation which ensued, that this medicine is efficacious in those neuralgic affections when seated in the face, but will fail in those seated in the extremities, unless accompanied by some symptom manifesting cerebral disease.

Dr. Abercrombie bore testimony to its utility in affections of the brain from long experience of it, and mentioned a remedy which he found very serviceable in laryngismus stridulus, viz., a combination of carbonate of iron and rhubarb with musk.—*Lancet.*

Melanotic Tumor over the Parotid Gland.—H. D., aged 40, was admitted to the University College Hospital July 8, under Mr. Liston. She has had a small mole or mark on the left cheek since birth. It began to increase about two years ago, and to become black and discolored. It increased in size, at first slowly, but afterwards more rapidly. It did not

give her any pain. On presenting herself at the hospital there is found to be a large tumor, of a black color and somewhat elastic, situated over the parotid gland. The tumor is rough externally, moveable, and apparently not deeply attached. Mr. Liston considered it a simple melanotic tumor of the skin, and recommended its removal.

10. To-day the tumor was removed in the following manner:—An elliptical incision was made in the skin on each side of the swelling, which, with the skin, was removed. The tumor did not extend beyond the subcutaneous cellular tissue, where it was enclosed in a cyst. No attempts were made to bring the wound together. Cold water was applied for two or three hours, and then warm-water dressing. No irritation followed the operation, and in a few days the woman was discharged well.

Forty-two Tendons divided at one Sitting.—A most extraordinary operation was performed the other day by Dr. Jules Guerin, on a young gentleman 22 years of age, who had all his muscles and tendons so dreadfully contracted that his knees were drawn up to his chin, his arms contorted, and his body the picture of the most hideous deformity. The doctor determined, after studying the case, to operate on him by the sub-cutaneous section of his muscles; and a large party of the most eminent medical men of the capital, as well as some from Russia and Germany, were invited to be present at the operation. The patient, it may be at once premised, bore the whole with the greatest fortitude.

Muscles and Tendons cut at the Elbow.—The two brachial biceps, 2; the round pronators, 2; the two radial arteriors, 2; the two common superficial inflectors, 2; the two small palmaris, 2.

In the Forearm.—The isolated tendons of the two cubital anteriors, 2; the isolated tendons of the large and small palmaris, 4; the isolated tendons of the two large abductors of the thumb, 2.

At the Knees.—The sutorial, 2; the two crural biceps, 2; the two demi-membranal, 2; the two demi-tendinous, 2; the two right internals, 2; the fascia lata, 1; the lateral external ligaments, 2.

At the Feet.—The two tendons Achilles, 2; the two anterior leg-muscles, 2; the two common extensors, 2; the two extensors of the great toe, 2; the two anterior peronial, 2.

In the Body.—The grand pectoral muscle, 1. Total, 42.

The operation was conducted throughout with the greatest *sang froid* and courage; nothing but the *cric, cric* of the bistoury was heard, or a faint sigh from the patient. When the poor fellow was thus *untied*, his limbs were stretched out, and his course of clinical treatment commenced. In the evening he slept soundly, had no fever, and is now nearly recovered from his wounds.—*French Paper.*

Medical Miscellany.—A new series of the American Journal of the Medical Sciences is to appear in January. There will be no change in the editorial mangement.—Dr. Bell's Select Library and Eclectic Journal is also to be suspended till the first of January, to give delinquent subscribers time to pay up their arrearages.—$3,500 are appropriated by the city government of Boston for the erection of a hospital for the House of Industry, South Boston.—Two more deaths by smallpox have taken place at Nantucket. One or two children have contracted the disease.—Dr. Robert Capen, who has been some years engaged on a work to be

called *Medical Natural History*, is still pursuing his investigations.—Dr. Kirkbride is the newly appointed physician of the Pennsylvania Hospital for the Insane. He has recently been visiting the insane institutions here at the north.

ERRATA.—In Dr. Paine's Reply, p. 187, 31st line from top, for *ever* read *even*; p. 203, 5th line, for *excited* read *excites*; p. 204, 27th line, for *typhoid* read *typhus*; p. 206, 48th line, dele *about*; p. 207, 24th line, dele *of*; p. 209, 10th line, for *d'exactetude* read *d'exactitude*.

To CORRESPONDENTS.—The communications of Drs. E. Warren and C. A. Lee are received, and will be inserted as soon as space will admit.

DIED,—At Philadelphia, Samuel J. Cramer, M.D., of Charlestown, Virg.

Number of deaths in Boston for the week ending Nov. 7, 37.—Males, 20—females, 17. Stillborn, 2.
Of consumption, 4—typhous fever, 4—infantile, 5—dysentery, 1—lung fever, 2—hooping cough, 3—child-bed, 1—drowned, 1—delirium, 1—paralysis, 1—croup, 1—inflammation of the lungs, 1—inflammation of the brain, 1—canker, 1—dropsy on the brain, 5—intemperance, 1—cholera infantum, 1—brain fever, 1—fits, 1—apoplexy, 1—dropsy in the head, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

1840. Oct.	THERM. 7, A.M.	THERM. 2, P.M.	THERM. Sun d.	BAROMETER. Sun r.	BAROMETER. 7, A.M.	BAROMETER. Sun d.	Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
1 Thur.	54	53	48	29.56	29.63	29.64	N E	Rain	Foggy day.
2 Frid.	50	60	57	29.67	29.68	29.66	N E	Cloudy	Foggy.
3 Satur.	62	70	60	29.50	29.34	29.36	S	Rain	Showery. Clear in the evening.
4 Sun.	39	61	57	29.57	29.55	29.53	N W	Fair	White frost.
5 Mon.	46	71	63	29.50	29.47	29.46	S	Fair	
6 Tues.	59	75	69	29.43	29.42	29.40	S W	Fair	
7 Wed.	52	61	56	29.54	29.65	29.67	N W	Fair	Very pleasant days.
8 Thur.	42	71	66	29.70	29.71	29.67	S E	Fair	
9 Frid.	52	58	52	29.60	29.68	29.71	N E	Cloudy	
10 Satur.	39	58	53	29.75	29.71	29.66	N W	Fair	
11 Sun.	47	58	58	29.44	29.33	29.07	S E	Rain	Fine rain.
12 Mon.	56	59	52	29.20	29.99	29.05	N W	Cloudy	Flying clouds.
13 Tues.	40	51	48	29.30	29.33	29.35	N W	Fair	
14 Wed.	40	66	62	29.30	29.23	29.33	S W	Fair	
15 Thur.	38	52	51	29.40	29.44	29.48	N W	Fair	
16 Frid.	33	40	42	29.60	29.63	29.65	N W	Fair	Flying clouds.
17 Satur.	28	50	47	29.80	29.83	29.82	N	Fair	
18 Sun.	42	53	51	29.84	29.84	29.90	N	Cloudy	Moderate rain in the night.
19 Mon.	49	58	57	29.70	28.64	28.61	S E	Cloudy	Rain in the night.
20 Tues.	62	65	60	29.48	29.45	29.45	S E	Rain	
21 Wed.	53	54	50	29.49	29.35	29.30	N E	Rain	Trees covered with autumnal beauty.
22 Thur.	50	48	46	29.02	29 20	29.30	N W	Fair	High wind. Aurora borealis.
23 Frid.	38	58	56	29.40	29.20	29.20	S W	Fair	High wind.
24 Satur.	42	50	44	29.40	29.48	29.52	W	Fair	Beautiful sunset.
25 Sun.	36	49	38	29.56	29.40	29.33	N	Rain	Severe snow storm in the night and
26 Mon.	29	37	34	28.95	29.08	29.26	W	Fair	this morning. High wind. Snow 5 inches.
27 Tues.	29	39	36	29.57	29.68	29.70	W	Fair	
28 Wed.	33	48	46	29.74	29.68	29.64	S E	Cloudy	
29 Thur.	47	60	58	29.61	29.41	29.34	S E	Rain	Great storm. High wind.
30 Frid.	52	61	59	29.04	29.01	29.03	N W	Fair	Foggy. Beautiful sunset.
31 Satur.	44	58	46	29.16	29.31	29.33	N W	Fair	

The month of October has been uncommonly fine—the weather fair and mild—affording the farmer the best opportunity to gather in the fruits of the season. Extremes of thermometer, 28, 75; barometer, 28.90, 29.84. Much rain has fallen.

TO PHYSICIANS.

A GENTLEMAN well qualified for the practice of medicine, may secure to himself a residence in a good village, in this neighborhood, vacant by the death of an elderly physician, by applying for information *soon* to A. B., of Springfield, Mass. N. 11.—

TO PHYSICIANS.

ANY physician having a fair share of practice, and wishing to dispose of his stock and stand, may hear of a purchaser by addressing a letter, post paid, stating terms, &c., to the editor of this Journal.
N. 4.—1t*

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupilage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarize them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
Boston, June 24, 1840. eplmeop6m D. HUMPHREYS STORER,
OLIVER W. HOLMES.

LECTURES ON HERNIA AND MECHANICAL SURGERY.

ON Tuesday evening the 9th of November, at 7 o'clock, Dr. Chase will commence his Winter Course of Lectures on Hernia and analogous diseases, combined with Mechanical Surgery, as applied to the *correction of distortions.*

The relief of the various *curvatures of the spine, deformities of the limbs, and club-foot,* will be discussed.

The Lectures will be delivered in the lecture-room at his private residence, on Tuesday and Friday of each week, at 7 o'clock, P. M., and will continue three months.

The course will be purely *clinical,* as in every instance patients will be present affected with the disease or deformity under consideration, and the student will have an opportunity of becoming practically acquainted with the use of all the instruments employed in the treatment of these diseases.

Ticket *five dollars.* HERBERT CHASE, M.D.,
Philadelphia, Sept., 1840. O. 14—1m *Ninth street, below Walnut.*

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

THE course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	NATHANIEL CHAPMAN, M.D.
Chemistry,	ROBERT HARE, M.D.
Surgery,	WILLIAM GIBSON, M.D.
Anatomy,	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 *Chesnut street, Philadelphia, July* 15, 1840. W. E. HORNER,
Jy 23—eptN15 *Dean of the Medical Faculty.*

LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the *powerful auxiliary* afforded by the use of the Lebanon Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested. JOSEPH BATES, *Lebanon Springs.*

August, 1840. A. 26.—12t CHILDS & LEE, *Pittsfield.*

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid,* without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.